

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 918

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

JB Moss Voice of the Electorate (VOTE)

A.

Full Name (Last, First, Middle Initial)

John R Akers

Mailing Address 23514 P St

City

Elkhorn

State

NE

Zip Code

68022

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 1 0

Transaction ID: C228642

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

SUE A AKERS

Mailing Address 20401 Honeysuckle Rd

City

COUNCIL BLUFFS

State

IA

Zip Code

51503

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

38.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 1 0

Transaction ID: C222103

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

SUE A AKERS

Mailing Address 20401 Honeysuckle Rd

City

COUNCIL BLUFFS

State

IA

Zip Code

51503

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Income Life

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

38.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 1 0

Transaction ID: C228158

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

326.00

TOTAL This Period (last page this line number only)